



BARBARA K. CEGAVSKE  
Secretary of State  
Elections Division  
101 North Carson Street, Suite 3  
Carson City, Nevada 89701-3714  
Phone: (775) 684-5705  
Fax: (775) 684-5718  
Website: www.nvsaos.gov

Office of the  
Secretary of State

*Barbara Cegavske*

Barbara Cegavske  
Elections Division

State of Nevada  
**Committee for Political Action  
(PAC)**  
Registration Form  
Page 1

JStokes

1/14/2016

#1975

ABOVE SPACE IS FOR OFFICE USE ONLY

☐ New Registration ☐ PAC (Advocating Passage or Defeat of a Ballot Question)

☒ Annual (Due on or before January 15th of each year; NRS 294A.230(4)(b))

☐ Amended Registration: ☐ Change Officers ☐ Change Registered Agent ☐ Change Address  
check all that apply

☐ Change Name ☐ Previous Name of PAC

☐ Other:

Name of Committee:

Nevada Jobs Coalition PAC

Telephone:

702-259-5559

Mailing Address:

PO Box 751271

Las Vegas

NV 89136

Street Name, Number

City

State Zip Code

PAC Active Email Address: chrissie@incompliance.net

**PURPOSE:** Briefly state the purpose for which the PAC was organized.

To conduct independent activities to promote candidates for public office.

**REGISTERED AGENT:** pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent:

Chrissie Hastie

Telephone:

702-259-5559

Physical Address:

50 S. Jones Blvd. #201

Las Vegas

NV 89107

Street Name, Number

City

State Zip Code

**REGISTERED AGENT ACCEPTANCE:** I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

☒

Signature of Registered Agent

Date:

01/14/2016



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**State of Nevada**  
**Committee for Political Action**  
**(PAC)**  
**Registration Form**  
 Page 2

**OFFICERS:** List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title: Telephone:  
 Chrissie Hastie - Treasurer 702-259-5559

Mailing Address:  
 PO Box 751271 Las Vegas NV 89136  
 Street Name, Number City State Zip Code

Officer Name and Title: Telephone:

Mailing Address:  
 Street Name, Number City State Zip Code

Officer Name and Title: Telephone:

Mailing Address:  
 Street Name, Number City State Zip Code

Officer Name and Title: Telephone:

Mailing Address:  
 Street Name, Number City State Zip Code

**AFFILIATIONS:** If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization: Telephone:

N/A

Mailing Address:  
 Street Name, Number City State Zip Code

Name of Organization: Telephone:

Mailing Address:  
 Street Name, Number City State Zip Code

Name of Organization: Telephone:

Mailing Address:  
 Street Name, Number City State Zip Code

**SUBMITTED BY:**

**X**

Signature of Representative of Group

Printed Name: Date: Telephone:  
 Chrissie Hastie 01/14/2016 702-259-5559